


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90368 020 ****61.25

DOCUMENT # N02000000601

1. Entity Name
DAMASCUS ROAD PROJECT, INC.



Principal Place of Business
**519 E. WASHINGTON ST.
LAKE CITY FL**

Mailing Address
**PO BOX 3153
LAKE CITY FL 32056-3153**

2. Principal Place of Business
345 N.E. Washington St.

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake City, Florida

City & State

4. FEI Number Applied For
 Not Applicable

Zip **32055** Country **US** Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HOLLINGSWORTH, KAMARA
RT. 15 BOX 4106
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, EARL RT 22 BOX 332 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFEN, TOMMASINE 700 NE LEON ST. LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, VIRGINIA PO BOX 57 LAKE CITY FL 32056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brown, Deborah Rt. 6 Box 441 B Lake city, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE, JOE RT. 22 BOX 2412 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTHONY, SHARON RT. 7 BOX 475 LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, BEA PO BOX 484 LAKE CITY FL 32056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE: BEA WHITE** **4/29/03 386 752-1830**

CR2E037 (10/02)